PlabLab

PLAB 1 & UKMLA

SESSION 03

The anticoagulant exception

Your three-gate routine when a DOAC is the wrong drug, the wrong dose, or the wrong reflex.

Screenshot this sheet

GATE 1 Moderate to severe rheumatic mitral stenosis?

A DOAC is not the choice.

WHEN A DOAC IS NOT SUITABLE

Warfarin (vitamin K antagonist). NG196 1.6.5.

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GATE 2 No valve disease, reduced kidney function, CHA2DS2-VASc two or more.

A DOAC is still first line. NG196 sets no creatinine-clearance cutoff.

DOSE, NOT DRUG

Check the dose against kidney function using the BNF and MHRA advice.

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GATE 3 Raised bleeding risk?

Do not withhold by default.

DO THIS

Treat modifiable factors (stop naproxen where you can, treat blood pressure), offer anticoagulation with regular review.

VALVE
Moderate to severe rheumatic mitral stenosis. **DOAC is not the choice. Warfarin.**

KIDNEYS
No valve disease, score two or more. **DOAC first line. Check the dose.**

BLEED
Raised bleeding risk. **Modify factors. Offer anticoagulation.**

TEACHING NOTES

- **The valve:** moderate to severe rheumatic mitral stenosis takes the patient out of the DOAC pathway. Offer warfarin, a vitamin K antagonist, when a DOAC is not suitable (NG196 1.6.5).
- **The kidneys:** no valve disease and reduced kidney function does not switch the drug. CHA2DS2-VASc two or more: a DOAC is still first line. Check the dose against kidney function using the BNF and MHRA advice. NG196 sets no creatinine-clearance cutoff.
- **The bleed:** treat modifiable factors (stop naproxen where you can, treat blood pressure), offer anticoagulation with regular review. Do not withhold by default.
- **Aspirin:** aspirin is not adequate stroke prevention in atrial fibrillation; not a substitute here.